



Youth for Adolescent Pregnancy Prevention Leadership Recognition Program Scholarship Application

The Youth for Adolescent Pregnancy Prevention Leadership Recognition Program is funded by a grant from The California Wellness Foundation

Giving Golden Opportunities by:

Increasing the supply of health professionals practicing in underserved areas

Improving access to healthcare in rural and urban areas of California

Helping students to pursue a career in the health professions

Awarding health professionals who are dedicated to practicing in underserved communities



HEALTH PROFESSIONS
EDUCATION FOUNDATION

Giving Golden Opportunities

Application Instructions



The purpose of the Youth for Adolescent Pregnancy Prevention Leadership Recognition Program is to identify leaders and support their success by recognizing their achievements and accomplishments. Youth selected for this recognition will receive a scholarship award of up to \$5,000 per year, for 5 years (\$25,000 total) to assist them in pursuing health professional careers (e.g., medicine, ancillary services, dentistry, nursing, mental health, etc.)

Scholarships funded under this program are intended to the tuition, required fees, books, supplies and educational equipment costs related to the students health professional education.

Evaluation criteria

Preliminary evaluation will be based on information submitted in the application package. Applicants should complete the entire application form, and review each question carefully to provide direct, clear and concise answers to all questions. An oral interview will be conducted for those applicants who succeed in the preliminary application evaluation phase.

- Experiences - Paid, volunteer, and/or community service experiences promoting healthy adolescent sexuality and/or teen pregnancy prevention, including access to family planning services for youth;
- Career Goals - Well defined educational and/or professional goals for the next 5-10 years;
- Academic Performance - Cumulative academic performance and potential for future academic success;
- Family and Community Background - For example, family structure, area(s) where the applicant grew up (e.g., rural, urban, suburban area, medically underserved area, etc.), socioeconomic status of the family, and personal challenges and barriers faced.
- Financial Need - Actual or potential difficulty in completing education in the absence of financial assistance.

Scholarship Application

Applications must be postmarked by the deadline. Only complete applications will be reviewed. Each part of the application must be completed. All supporting documentation must be submitted. The Health Professions Education Foundation will not notify students if their application is received incomplete. Students are urged to contact the Foundation prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose leaf binder.

Scholarship Eligibility

- Be at least 16 years old and possess a high school diploma or the equivalent (for example, a GED), **or**, be at least 18 years old but not older than age 24, by the application postmark deadline.
- Be a United States citizen or permanent resident and a California resident.
- Attend an accredited California vocational school, college or university.
- Maintain at least half-time enrollment (6.0) units for the duration of the health professions program.
- Maintain a minimum cumulative GPA of at least 2.0 each year that funds are received.
- Be willing to practice direct patient care in a designated medically underserved areas (MUA)* of California for a minimum of two years six months following graduation from a health professional program. MUAs and facilities are those areas and facilities having been specifically designated as such by the responsible state or federal agency. Not all areas or facilities have received this designation.

Submit the following:

1. **Nomination Letter** – that describes your achievements, accomplishments, or contributions in promoting healthy adolescent sexuality and/or teen pregnancy prevention for youths age 16-24.

Letters of Support - **Optional** - Applicants may submit up to 2 letters or support. Each letter should describe your achievements, accomplishments, or contributions in promoting healthy adolescent sexuality and/or teen pregnancy prevention for youth ages 16-24.

2. Pages 2-6 of the YAPP-LRP Application (including responses to "Personal Statement" questions).
3. Official high school or high school equivalency/GED transcript, **or** college transcripts for last school attended.
4. Color photograph(not larger than 3 ^{1/2} X 5) **and** Release Authorization Form.
5. Financial Data. either 2003-2004 Student Aid Report showing the Expected Family Contribution (EFC), **or** a complete copy of the signed 2002 Federal tax return, including all W-2s filed for the applicant's household.



Please complete all sections of the application form. Follow the instructions provided for each part of the application. A complete original application package must be received by the postmark date. Applications will not be accepted after the postmark date, nor fax, or e-mail. Incomplete applications will not be evaluated.

Part A - Personal Information

(Please type or print your information in the space provided)

Do you owe an existing service obligation to another entity?

Yes ☐ No ☐

If yes, please explain.

Are you a previous awardee of the Foundation? Yes ☐ No ☐

If yes, please enter the contract #: _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

Permanent Address _____

City _____ State _____ Zip _____

County _____

Home Phone _____ Work Phone _____

Email _____

Social Security # ____/____/____ CA Drivers License# _____

Gender: Male ☐ Female ☐ Date of Birth ____/____/____ Age _____

Marital Status: Unmarried ☐ Married ☐

Number of dependents other than self and spouse: _____

or

Dependant upon parent or legal guardian: _____

Number of persons in the household: _____

Which best describes your ethnic background:

- ☐ African American ☐ Asian American ☐ Caucasian
☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander
☐ Other (Please specify) _____

If Native American, please specify tribal affiliation: _____

List any languages you speak, read, write fluently in addition to English:

1. _____ ☐ Speak ☐ Read ☐ Write

2. _____ ☐ Speak ☐ Read ☐ Write

In what city, state, and country (if not the United States) were you born? _____

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No

Are you a California resident? ☐ Yes ☐ No

How long have you lived in: a) the U.S. ____ yrs. ____ mos.

b) California ____ yrs. ____ mos.

Please list:

1. Certificates or awards earned while promoting teen pregnancy prevention.

2. Professional affiliations, Memberships, and Honors

From where did you hear about the YAPP-LRP ? (Check all that apply.)

- ☐ School ☐ Work(employer/co-worker) ☐ Friend/Acquaintance ☐ TV
☐ Foundation Website ☐ Other Website ☐ Advertisement ☐ Radio
☐ Newspaper or publication (please specify) _____
☐ Organization or affiliation (please specify) _____
☐ Other source (please specify) _____

Where did you receive the YAPP-LRP application? (Check all that apply.)

- ☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation Office
☐ Foundation Website ☐ Other Website ☐ Work(employer/co-worker) ☐ Friend/Acquaintance
☐ Organization or affiliation (please specify) _____
☐ Other source (please specify) _____

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RECD:	COMPL/INC:	OMITTED: A/Pgs	GDV	EVF	SAR	TAX	LoR	OTH
APP INQUIRY:		HPEF CONTACT:	FOR:					
INPUT BY:	MUA Yes/No	CT#:						
REVIEWED BY		COMMENTS:						

Part B - Financial Data Disclosure of financial data is required.

Please attach financial aid documentation described in "1" or "2" below. Place a check (✓) in the box below to indicate the documents attached.

1. ☐ I have attached a complete copy of the signed 2002 Federal tax return, including all W-2s filed for the applicant's household.

or

2. ☐ I have attached a copy of 2003-2004 Student Aid Report (SAR) that shows the Expected Family Contribution (EFC).

3. Have you applied for or received any type of financial assistance that involves a service or work obligation?

Yes ☐ No ☐ (If yes, please list the program name, the type of financial assistance, the service or work obligation, the start/end dates, and the award amount.

Program Name: _____

Type of financial assistance: _____

Work or Service Obligation: _____

Start Date: _____ End Date: _____ Award Amount: \$ _____

Part C - Education Attach official high school or high school equivalency/ GED transcript, or college transcript(s) for last school attended. Official transcripts must bear the school seal or an authorized signature stamp.

Part D - Personal Statements On additional pages, please answer the questions below. Include your full name, your social security number, and the page number in the upper right corner of each page. Restate the and number each question along with your answer.

Answers must be typed, double spaced, using font size 10 or 12 only. Please limit your responses to no more than 3 single sided pages. Excess answer pages will not be reviewed.

- Briefly describe your upbringing, the challenges you faced, and how you overcame them.
- What health professional degree will you pursue using these scholarship funds? At what college or university?
- What led you to choosing this health field or career path?
- Immediately following your graduation, how will you use your health professional education?
- What factors impact teen pregnancy prevention and what elements would you include in a program to address teen pregnancy prevention?

Part E - Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application.

I also understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I also understand that my personal statements and pictures become the rights of the Health Professions Education Foundation and may be used, including but not limited to advertising/marketing, program reports, newsletters and other publications.

(Notice: the applicant and his/her parent or legal guardian must sign this application if the applicant is under age 18 as of the postmark deadline. Emancipated minors must submit a copy of their emancipation documentation along with this application.)

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: _____

Applicant's Signature _____

Date: _____

SUBMIT APPLICATIONS TO:

Health Professions Education Foundation
YAPP Leadership Recognition Program
818 K Street, Suite 210
Sacramento, CA 95814

Complete Applications must be received by November 4, 2003

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APPLICATION CHECKLIST

- ☐ **Nomination Letter**
- ☐ **Optional Letters of support**
- ☐ **YAPP-LRP application (pages 2-6)**
- ☐ **Personal Statements (1-5)**
- ☐ **Official Transcripts**
- ☐ **Signed released Authorization form**
- ☐ **Color photograph**
- ☐ **2003-2004 Student Aid Report (SAR)**
- or
- 2002 Federal tax returns and all W2's**



PART F - PROGRAM RELATED EMPLOYMENT, VOLUNTEER, OR COMMUNITY SERVICE WORK SUBMIT
A SEPARATE PAGE FOR EACH ORGANIZATION

(Part F to be completed by the supervisor or volunteer coordinator.)

Applicants Name: _____ SSN#: _____

Position/Title: _____ Status: ☐ Full time ☐ Part time

Start Date _____ End Date _____ ☐ Paid worker ☐ Volunteer

Please indicate the following data. ***(This application cannot be processed if this data is not provided):***

1) Average hours worked or volunteered per month: _____

2) Total (or an estimated total) hours worked or volunteered to date: _____

Employer's Name _____

(Division/Section) _____

Address: _____

City _____ County _____ State _____ Zip _____

Supervisor's Name: _____ Office Phone: _____

Title: _____



Please answer Questions 1 and 2, listed below. You may type or write your answers in the space provided or on an additional sheet. Please attach any additional sheets.

Question 1:

Please describe the individual's achievements, accomplishments, and specific contributions in promoting healthy adolescent sexuality, including increased access to family planning services, peer educator services, and any other teen pregnancy prevention services provided, to other youth age 16 to 24.

Question 2:

Please describe any significant impacts that this organization realized as a result of the this individual's service.

Supervisor's Signature: _____

Date: _____



Release Authorization

Affix a color photograph here.

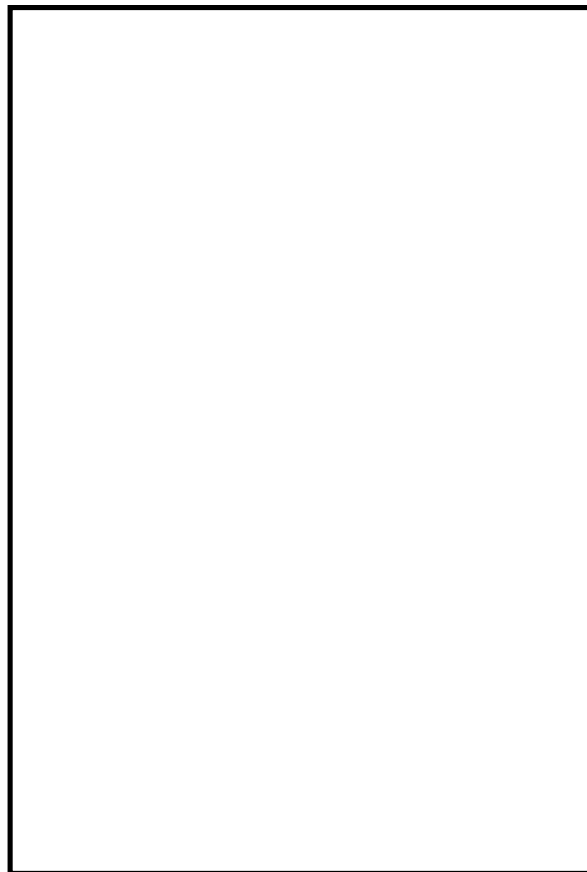
Date: _____

To: Health Professions Education Foundation
YAPP Leadership Recognition Program
818 K Street, Suite 210
Sacramento, CA 95814

From: Name _____

Address _____

City _____ State ____ Zip _____



I, the undersigned, authorized the Office of Statewide Health Planning and Development, Health Professions Education Foundation (HPEF) and The California Wellness Foundation (TCWF) to reprint my personal statement and or photograph. This authorization shall be for all rights, including but not limited to advertising/marketing, program reports, newsletters and other publications.

I, understand that my personal statement may be edited for grammar, clarity, and/or suitability, as deemed necessary.

I also understand that my personal statement and /or photograph may or may not be used and that my photograph will not be returned.

Signature: _____

Date: _____

Youth for Adolescent Pregnancy Prevention Leadership Recognition Program

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